

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	0						54						
5	0						55						
6	0						56						
7	0						57						
8	0						58						
9	0						59						
10	/						60						
11	/						61						
12	2						62						
13	0						63						
14	0						64						
15	0						65						
16	0						66						
17	0						67						
18	0						68						
19	0						69						
20	0						70						
21	0						71						
22	0						72						
23	0						73						
24	0		/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33			/				83						
34			/				84						
35			/				85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50							100						
TOTAL IND.	2		2										
TOTAL DEP.	23	←	24	←									
TOTAL CLAIMS	25		26										